

# WHO'S FUNDING WHO?

WHO guidelines state that it will not accept money from drug companies, but how rigorous is it in enforcing this?

**Michael Day** investigates

**S**erious questions have been raised about whether the World Health Organization is using patient groups as a conduit for receiving proscribed donations from the pharmaceutical industry. Email correspondence passed to the *BMJ* seems to show that in June 2006 Benedetto Saraceno, the director of WHO's department of mental health and substance abuse, suggested that a patient organisation accept \$10 000 (£5000; €7000) from GlaxoSmithKline (GSK) on WHO's behalf. The sum was then to be passed on to WHO—ostensibly with the intention of obscuring the origins of the donation. GSK withdrew its offer of funding when it learnt that acceptance was conditional on obscuring its origin. However, the email exchange indicates that other sums of money originating from drug companies may have already been channelled to WHO through patient groups.

When asked about this correspondence, Dr Saraceno told the *BMJ* that his email to the patient organisation was “clumsily worded” and that he had “never intended to solicit donations from the pharmaceutical industry through the patient organisation.” In the email dated 16 June 2006, Dr Saraceno thanks Mary Baker of the European Parkinson's Disease Association (EPDA), for raising the \$10 000 “requested by the WHO.” The

money was to have funded a report on neurological diseases, including Parkinson's disease, for which GSK produces treatments.

Dr Saraceno then seems to advise Mary Baker on how to get round the WHO's rules forbidding drug industry funding. “Unfortunately,” he says, “WHO cannot receive funds from the pharmaceutical industry. Our legal Office will reject the donation. WHO can only receive funds from Government agencies, NGOs, foundations and scientific institutions or professional organisations. Therefore, I suggest that this money should be given to EPDA and eventually EPDA can send the funds to WHO which will give an invoice (and acknowledge contribution) to EPDA, but not to GSK.”

He adds: “This is in line with what we have done so far with other contributions to the report which all are coming from other professional organisations,”—suggesting that less than transparent transactions were the norm for this fundraising operation.

## WHO guidelines

According to paragraph 13 of the WHO's guidelines on interactions with commercial enterprises, which deals with cash donations, “WHO should avoid indirect collaboration (particularly if arranged by a third party acting as an intermediary between WHO and a commercial enterprise).” Paragraphs 15 and

16 of the guidelines state that funds may not be sought or accepted from commercial enterprises that have a direct commercial interest in the outcome of the project and that caution should be exercised even when the business has an indirect interest. And paragraph 27 says that for reasons of transparency, contributions from commercial enterprises must be acknowledged.

Richard Nicholson, editor of the *Bulletin of Medical Ethics*, said: “It would be very bad indeed if the WHO were trying to obtain money surreptitiously from drugs companies. Unfortunately it's also under-funded, and sadly there's always going to be the temptation of senior officials who ought to know better than to accept such money. But they should remember that there's always a price attached to such funding.”

Even the senior GSK official who offered the money to the EPDA professes outrage at the secretive means by which WHO attempted to obtain the drug company grant. Alastair Benbow, vice president of GSK,

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withdrew the offer of funding went he learnt of Dr Saraceno's response to GSK's proposed donation. In an email to Mary Baker of 19 June 2006 he said: "Unless I am misreading something here it sounds like they [WHO] will accept funding from you but not from the industry. Worse than this, they will accept funding from you even if they know it originally came from us, in order to bypass their own rules. This is hypocritical in the extreme. It makes a complete mockery of attempts at transparency, which should be welcome, and which the WHO have called for."

Some critics said the vehemence of Dr Benbow's criticism of the WHO reflected the sensitive nature of drug companies' relationship with patient groups. Tim Reid, European director of Health Action International, which campaigns for the rational and ethical use of drugs, said: "Patients' groups are so close to the industry, that they might as well be taking their money straight out of the drug company advertising budgets." Graham Dukes, a former head of the WHO's medi-

cines programme for Europe, said: "We know that patient groups are heavily influenced by drug companies. In the case of attention deficit hyperactivity disorder, for example, we know that the industry effectively financed the whole campaign—and we're not absolutely sure the condition actually exists."

Dr Reid added that there were now moves afoot in the European Union to sanction

direct to consumer advertising in the form of private-public partnership promotional campaigns. For this reason the industry was keen for everything to be very transparent. "That's not to say we support such a move in Europe," he said. "There may be some degree of transparency, but that doesn't mean it's necessarily a good source of information for consumers."

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Email correspondence seen by the *BMJ*, suggesting a patient organisation should accept \$10 000 on WHO's behalf



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WHO mental health and substance abuse director Benedetto Saraceno

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GSK vice president Alistair Benbow to Mary Baker

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Mary Baker of the European Parkinson's Disease Association

## Backtracking

A copy of Dr Benbow's email was forwarded to Dr Saraceno, who sent a further email to Mary Baker on 20 June seeking to explain his previous email to her. "It is obvious that my reply to your initial message was misunderstood and misinterpreted," he wrote.

"As I stated very clearly in my message to you, WHO cannot receive funds from the pharmaceutical industry, but can receive funds from a variety of other organizations including NGOs, such as EPDA, whenever there is no conflict of interests. My suggestion that GSK should give funds to EPDA might have been clumsily worded; my intention was to convey that EPDA can raise funds for its activities from a variety of sources (including the pharmaceutical industry) and use its funds for a variety of purposes (including giving donations to WHO). This is not the case for WHO.

"At any rate, any donation can only be accepted in accordance with WHO rules and regulations, and precisely this has been the case with all other NGOs whose contributions are extremely useful to the production of the publication 'Neurological Disorders: Public Health Challenges'. Therefore, in order to avoid a perception of conflict of interests for WHO, I would prefer to decline any financial support for this publication, particularly since I have never asked your NGO to mobilize funds from pharmaceutical companies, and I now find myself in a situation that I have not solicited."

When asked about this correspondence, Dr Saraceno told the *BMJ*: "I was not soliciting any funds. I was in the process of preparing a new report about neurological disease in poor countries, and I was looking for some funding to help with the report and I received an email from the patient group. And the way I reacted was rather stupid. After sending this very unfortunate email I sent another one saying that I had expressed myself in an ambiguous way. I'm strongly against receiving any money from the pharmaceutical industry that would pose a con-

flict of interest. I started here at the WHO 10 years ago at a time when the mental health division was much closer and more reliant on the pharmaceutical industry, and I've spent ten years trying to stop that."

The *BMJ* also spoke to Mary Baker: "Dr Saraceno said he needed money for the report and I said I knew where I might be able to get it. I approached GSK, who we've always worked closely with in the past, and they have a clear understanding of transparency. They said they would be able to give us the money for the report. There is absolutely no doubt in my mind that Dr Saraceno knew the \$10 000 was coming from GSK and that he was intending to take it and disguise its origins by getting the EPDA to accept it first before passing it on.

"This incident highlights the difficulty facing the WHO in balancing the best interests of patients with a shortfall in funding. Their current policy about not accepting money from pharmaceutical companies is prohibitive in this sense. There needs to be a broader debate about how the WHO, patient groups, and pharmaceutical companies can work together in partnership to produce the best results for patients. The WHO needs to ask itself some serious questions about how it will manage to fund projects in the future."

This is not the first time that questions have been raised about the nature of the relation between the WHO's mental health division and the pharmaceutical industry. In their book, *Medicines Out of Control?* social campaigners Charles Medawar and Anita Hardon documented the controversial links between the WHO's mental health division, the World Psychiatric Association, and the drug industry.<sup>1</sup> In the mid-1990s, at the suggestion of the World Psychiatric Association, the division produced a report that advocated long term use of potentially addictive benzodiazepine drugs.<sup>2</sup> Benzodiazepine manufacturers purchased many copies of the report. And one firm made a \$500 000 donation to WHO's mental health division.

## Funding pressure

However, as Ralph Edwards, the director of the WHO's drug monitoring centre in Uppsala, Sweden, warns, it wasn't only the mental health division that was being pushed by financial necessity to get closer than was desirable to the drug industry. "These days it's so hard to find anyone completely free of the pharmaceutical industry. A couple of years ago we wanted to publish a safety report on Lapdap [chlorproguanil-dapsone], the combination malaria treatment. The WHO's tropical disease research group had developed the treatment jointly with Glaxo, but Glaxo weren't happy with what we wanted to publish.

"This was a bad situation and it was very, very difficult. We raised the issue with WHO because we thought that there had not been enough safety studies done. We managed to get the report published eventually, after a lot of lobbying and pressure—but it was delayed for more than a year," said Dr Edwards.

"It's an example of how tortuous it is working with pharmaceutical industry money. GSK stated at the time of the dispute that it "totally disagrees with the assertion that there is concern about Lapdap" and maintains that it is "an effective and well-tolerated therapy for the treatment of malaria." The company claimed that "A draft [of the WHO Lapdap report] which GSK was given sight of contained many inaccuracies."

When the *BMJ* referred its concerns about the Saraceno correspondence to WHO, a spokesman replied: "It's astonishing that the *BMJ* thinks there's a story here. Dr Saraceno sent a second email saying that he had not meant to ask for the money. So I don't think there's anything to answer."

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Competing interests: None declared.

1 Medawar C, Hardon A. *Medicines out of control? Antidepressants and the conspiracy of goodwill*. Amsterdam: Aksant Medical Publishers, 2004.

2 WHO. *Rational use of benzodiazepines*. Geneva: WHO, 1996.